

**FEE CALCULATION SHEET**  
 (FOR USE WITH FORM PTO-875)

FILED NO. **10/535751**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2				/		
3				/		
4				/		
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TOTAL IND.			↓	4	↓	↓
TOTAL DEP.			←	7	←	←
TOTAL CLAIMS			←	/	←	←

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
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100						
TOTAL IND.					↓	↓
TOTAL DEP.					←	←
TOTAL CLAIMS					←	←